Introduction

Symptomatology in clinical practiceis the clinical picture of all the Patient's symptoms and signs

Signs: are clinicians' observations and objective findings

Symptoms: are subjective experiences described by the patient.

A syndrome: is a group of signs and symptoms that occur together as a recognizable condition that may be less than specific than a clear-cut disorder or disease.

The outline that follows gives a comprehensive list of signs and symptoms. Most have their roots in essentially normal behavior and represent various paints on the spectrum of behavior from normal to pathological.

I. Consciousness

A state of awareness of environment, with response to external stimuli

Disturbances of consciousness

- **Disorientation:** Disturbance of orientation in time, place, and person.
- **Clouding of consciousness:** Incomplete clear mindedness with disturbances in perception and attitudes.
- **Stupor:** Lack of reaction to and unawareness of surroundings.
- **Delirium:** restless, confused, disoriented reaction associated with

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fear and hallucinations.

- **Disorientation:** Disturbance of orientation in time, place, and person.
- **Coma:** Profound degree of unconsciousness.

II. Attention and Concentration

Attention: is the ability to focus on the matter on hand.

Concentration: is the ability to sustain that focus.

Disturbances of attention:

- **Distractibility:** Inability to concentrate attention, attention drawn to unimportant or irrelevant external stimuli.
- **Selective inattention:** Blocking out only those things that generate anxiety.
- **Hyper vigilance:** Excessive attention and focus on all internal and external stimuli, usually secondary to delusional or paranoid states.

III. Motor behavior (conation)

Aspect of the psyche that includes impulses, motivations, wishes, and cravings, as expressed by a person's behavior or motor activity

- **Hyperactivity (hyperkinesias):** Restless over activity that may be aggressive and destructive. Often associated with brain pathology (e.g. Attention- deficit / hyperactivity disorder).
- **Psychomotor agitation:** Physical and mental over activity, usually

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unproductive and in response to inner tension or agitated depression.

- **Excitement:** it's severe form of hyperactivity, excessive purposeless motor activity and the patient may destruct himself or other
- **Psychomotor retardation:** (hypoactivity or hypokinesis): decreased motor and cognitively activity as observed in slowing of thought, speech, and movements. Common seen in depression.
- **Tics:** Involuntary, irregular, repeated movements involving a group of muscles. (E.g., raising one shoulder or turning the head). Often related to stress or anxiety, rarely organic disease.
- **Catalepsy:** general term for an immobile position that is constantly maintained. May include:
  - **Catatonic posturing:** Voluntary adoption of an unusual or bizarre bodily posture continuously for a long time (e.g. standing on one leg).
  - **Catatonic rigidity:** Voluntary assumption of a rigid posture held against all efforts to be moved.
  - **Waxy flexibility:** condition in which a person can be molded into a position that is then maintained; when an examiner moves a person's limb, the limb feel as if it were made of wax.
  - **Automatic obedience** (Command automatism): Automatic following of suggestions or orders.

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- **Negativism:** motiveless resistance to all attempts to be moved or to all instructions.

– **Echopraxia:** Pathological imitation of the movements of one person by another.

– **Stereotypy:** it is a monotonous repetition of certain movement without purpose.

– **Mannerism:** it is a repeated movement, which is not monotonous and keeping with the personality character

– **Compulsion:** uncontrollable impulse to perform an act repetitively

– **Akathisia:** subjective feeling of muscular tension secondary to medication, which can cause restlessness, pacing, repeated sitting and standing; can be mistaken for psychotic agitation.

IV. Speech and thoughts (thinking)

Thinking is a mental activity of using mind to produce thoughts, which cannot be observed but described only by patient speech. Before discussing the disorder of the thought, we should be first defined general terms for thinking

– **Abstract thinking**: is the ability to conceptualize idea and to understand the implicit meaning behind sentences. Ability to make associations or interpretations about a situation or comment

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Disturbances in the process of thinking

– **Concrete thinking:** Patient use literal meaning without understanding the implicit meaning behind sentences. Patient with concrete thinking has not the ability to conceptualize the words.

Example:

- **Proverb** (people who live in glass houses should not throw stones).
- **Concrete thinking answer:** Do not throw stones because windows will break.

– **Autistic thinking:** It is a form of thinking that is egocentric and has no regard for reality. The patient is preoccupied with inner, private world in order to gratify in fantasy-unfulfilled needs. (Self -centered)

N.B. Concrete and autistic thinking are normal forms of thought during the early stages of personality development.

B-Disturbances in the stream (rate) of thoughts:

- They are related to the amount and the speed of thoughts, they are observed through patient 's speech
- **Volubility (Logorrhea)** excessive speech but coherent and logical speech.

–**Pressure of speech (Tachyphemia):** Forceful rapid speech that is increased in the amount and difficult to interrupts. The speaker may continue speaking even when a direct question is asked.

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–**Flight of ideas:** Rapid continuous flow of thoughts and speech with constant shifting from one idea to another.

–**Poverty of speech (Alogia):** restriction in the amount of speech used

–**Poverty of content of speech the** amount of speech used is normal but convey no information

–**Mutism:** voice lessness without structural abnormalities.

–**Aphasia:** Disturbances in comprehension or expression of language caused by brain lesion result in inability to communicate through speech

Disturbances in the form of thoughts:

– **Cricumstantiality:** The patient gives countless and unnecessary details but gets from desired point to desired goal.

– **Tangentiality:** The patient never gets from desired point to desired goal. Therefore, he or she goes off the core of the topic. The speaker introduces many unrelated topics, until the original topic of discussion is lost and never answers the original question

– **Incoherence:** Mixture of phrases that have no meaning with no logical connection. Thought, words run together with no logical, or grammation resulting in disorganization and not understandable.

– **World salad:** Mixture of words that have no meaning with no logical connection.

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- **Clang Association:** The meaningless rhyming of words, in which the connection between words is their sound rather than their meaning and words have no logical connection.
- **Blocking:** Sudden cessation in train of thinking before a thought or idea is finished, usually in the middle of sentence. After brief pause, person indicates no recall of what was being said or was going to be said. The patient feels suddenly that his mind has gone blank.
- **Neologism:** The patient creates new words or phrases, often by combining syllables of other words. These new words only have a special meaning for the patient.
- **Echolalia**: Pathological repetition of words or phrases just spoken by another person.
- **Palatial:** Pathological repetition of the last word said.
- **Preservation:** Pathological repetition of the same response to different stimuli. In repetition to the same answer in response to different questions.
- **Verbigration:** Meaningless & stereotyped repetition of specific word or phrases, it occurs without a stimulus.

Example: "Peter paid plenty for piping. Plenty for piping paid Peter."

- **Irrelevance:** thoughts are not relevant to the subject at hand. The patient`s answer is not in harmony with question asked (appears to ignore or not attend to question).

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4-Disturbances in the content of thoughts:

Disorder of content of thought:

Describe what the client saying it include:

1. Delusions.
2. Overvalued ideas
3. Obsessions.
4. Thought preoccupation.
5. phobia

i. Delusion:

It is a false fixed belief, which cannot accepted by persons of the same social standard as the patient expresses it, it cannot be corrected by logic or by reasoning and patient fight for it.

According to systemization.

- Systematized delusion:

Group of delusions that appear to be logical and united by single event

- Un systematized delusion:

Group of delusions that are not related to each other

According to Mood.

*** Mood congruent delusion:**

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Delusion that is parallel or has association with mood. ex., a depressed patient believes that he/she is responsible for the destruction of the world.

***Mood incongruent delusion:**

Delusion with content that has no association to mood. ex., a depressed Patient that has a pleasurable delusion.

Delusion of grandeur:

False fixed belief that one is a very powerful and important person.

Example: I known in all universe as the smartest person.

Delusion of persecution:

False fixed belief of being persecuted or chased by other.

Example: they are poisoned my food

Delusion of reference:

False fixed belief that the behavior of others refers to oneself" e.g. people in street refer to him, talk about him, laugh at him,...".

Delusion of infidelity:

False fixed belief derived from pathological jealousy that one's lover is unfaithful sometimes called (pathological jealousy).

Erotic delusion:

Patient has a false fixed belief that high status person, famous person have love relation with him

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Delusions of control (influence)

A group of delusions that person's will, thoughts or feelings are being controlled by external forces.

a. Delusion of though withdrawal:

False fixed belief that other people or forces are removing one's thoughts from one's mind.

b. Delusion of though insertion:

False fixed belief that other people or forces are implanting thoughts in one's mind.

c. Delusion of though broadcasting:

False fixed belief that others can hear one's thoughts, as though they were being broadcast into the air

d. Nihilistic delusion:

False fixed belief that self, a part of the body, others, or the world is nonexistent or ending.

e. Delusion of poverty:

False fixed belief that one is bereft or will be deprived of all material possessions.

Example: The patient believes that he lost everything in life.

f. Hypochondircal delusion:

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False fixed belief that person has a physical disease that is not based on a real organic pathology. Exaggerated concern about health that is based not on real organic pathology but on unrealistic interpretations of physical signs or sensations as abnormal.

g. Somatic delusion:

False fixed belief about body functions that the body is changing in an unusual way, e.g., one's brain is rotting or melting, the bugs crawl under my skin and eat my brain.

Overvalued ideas:

Sustained false belief maintained less firmly than a delusion.

Obsession:

Pathological persistent & recurrent idea, image, or impulse that cannot eliminated from consciousness by logical effort or reason, associated with anxiety and against one is will.

Compulsion:

Pathological need to act on an impulse that, if resisted, produces anxiety; it is repetitive behavior in response to an obsession.

ii. Preoccupation of thought:

Centering of thought content on particular idea, associated with strong affective tone, such as anorexia nervosa may have overloaded idea about being overweight

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Phobia:

Persistent, irrational, exaggerated pathological fear of some specific type of stimulus or situation, results in a compelling desire to avoid the feared stimulus.

A. Specific phobia: circumscribed dread of a discrete object or situation (for ex., dread of spiders or snakes).

B.Social phobia: dread of public humiliation, as in fear of public speaking, performing, or eating in public.

C. Acrophobia: dread of high places.

D. Agoraphobia: dread of open places.

E. Claustrophobia: dread of closed places.

V.Perception:

Process of transferring physical stimulation into information; (mental process by which sensory stimuli are brought to awareness).

Disturbances of perception:

- **Illusion:**

ž Misperception or misinterpretation of real external sensory stimuli.

- **Hallucination:**

False sensory perception not associated with real external stimuli;

a. Auditory hallucination:

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False perception of sound usually voices but also other noises, such as music; most common hallucination in psychiatric disorders.

b. Visual hallucination:

False perception involving sight consisting of both formed image (ex. people) and unformed images (ex. flashes or light) most common in medically determined disorders.

Example: -Seeing a person, object, or animal that does not exist in the environment.

C. Olfactory hallucination:

False perception of smell; most common in medical disorders.

d. Gustatory hallucination:

False perception of taste, such as unpleasant taste caused by an uncinated seizure, most common in medical disorders.

Example: A patient has a strange taste in his mouth without any stimulus

e. Tactile hallucination:

False perception of touch or surface sensation, as from an amputated limb, crawling sensation on or under the skin.

Example: The sensation of something creeping or crawling on or under the skin.

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Unreality states:

- **Depersonalization:**

An alteration in the perception or experience of the self so that one feels detached from reality or different in some way.

Example: the patient feels he is no longer himself, when he looks in the mirror, he feels himself changed.

- **Derealization:**

An alteration in the perception or experience of the external world so that it seems strange or unreal that the environment is changed while actually nothing has changed in it. (e.g.,):

Example: everything seems bigger or smaller or familiar, people may seem unfamiliar or mechanical.

N.B. depersonalization and derealization are usually the patient recognizes their abnormality and complains of the distress which may cause.

VI.Disturbances of Emotion:

Emotion is a complex feeling state with psychic, somatic and behavioral components. Clinical study and evaluation of emotion is concerned with **two main aspects:**

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(1)Mood:

A continuous and universal emotion (or emotional tone) subjectively experienced and reported by the patient and observed by other (e.g. depression, elation, anger).

(2)Affect:

Observed expression of emotion; may be inconsistent with patient's description of emotion.

(1)Mood:

- **Dysphoric mood:** an unpleasant mood.
- **Euthymic mood:** normal range of mood, implying absence of depressed or elevated mood.
- **Expansive mood:** expression of one's feelings without restraint, frequently with an over estimation of one's significance or importance.
- **Irritable mood:** easily annoyed and provoked to anger.
- **Labile mood (swings):** oscillations between euphoria and depression or anxiety.
- **Elevated mood:** a mood more cheerful than usual.
- **Euphoria:** intense elation with feelings of grandeur.
- **Ecstasy:** feeling of intense rapture.
- **Depression:** psychopathological feeling of sadness.

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- **Anhedonia:** loss of interest in and withdrawal from all regular and pleasurable activities, often associated with depression.
- **Grief or mourning:** sadness appropriate to real loss.

(2)Affect:

Observed expression of emotion; may be inconsistent with patient's description of emotion.

Range: Range can be *full* or *restricted*.

- **Full range of affect:** An individual who express several different emotions consistent with stated feelings and content being expressed (affect that is congruent with the situation).
- **Restricted range of affect:** An individual who express few emotions as;

▪ **Indifference:**

It is the absence of emotional expression, but experience is present.

▪ **Apathy:**

It is the absence of both emotional experience and expression.

Intensity: Intensity can be flat or blunted.

- **Flat affect:**

Absence or near absence of any sign of affective expression; voice monotonous and face immobile.

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- **Blunted affect:**

Severe reduction in the intensity of externalized feeling tone.

Appropriateness: Appropriateness can be appropriate or inappropriate

- **Appropriate affect:**

There is a harmony between the reactions and the situation.

- **Inappropriate affect:**

Inappropriate response that have an extreme reactions to the situations.

Stability: Stability can be labile.

- **Labile affect:**

Rapid and abrupt change in emotional feeling tone unrelated to external stimuli.

Other emotions:

- **Anxiety:** feeling of apprehension caused by anticipation of danger, which may be internal or external.
- **Fear:** anxiety caused by consciously recognized and realistic danger.
- **Agitation:** severe anxiety associated with motor restlessness.
- **Tension:** increased motor and psychological activity that is unpleasant.

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- **Panic:** acute, episodic, intense attack of anxiety associated with overwhelming feelings of dread and autonomic discharge.
- **Apathy:** dulled emotional tone associated with detachment or indifference.
- **Ambivalence:** coexistence of two opposing impulses toward the same thing in the same person at the same time.
- **Guilt:** emotion secondary to doing that is perceived as wrong.

D. Physiological disturbances associated with mood:

Signs of somatic (usually autonomic) by dysfunction of the person, most often associated with depression.

- **Anorexia:** loss of or decrease in appetite.
- **Hyperphagia:** increase in appetite and intake of food.
- **Insomnia:** Lack of or diminished ability to sleep.

a. Initial: difficulty in falling asleep.

b. Middle: difficulty in sleeping through the night without waking up and difficulty in going back to sleep.

c. Terminal: early morning awakening.

- **Hypersomnia:** excessive sleeping.
- **Diminished libido:** decreased sexual interest, drive, and performance (increase libido is often associated with manic state).
- **Constipation:** inability or difficulty in defecating.

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VII. Disturbances of Memory:

Memory is the psychological function by which information stored in the brain is later recalled in consciousness.

A- Levels of memory are described:

1-Immediate: Recall of perceived material within seconds or minutes.

2-Recent (short – term): Recall of events over past few days.

3-Recent past: Recall of events over past few months.

4-Remote (long – term): Recall of events in distant past.

B- Amnesia:

Partial or complete inability to recall past experiences; May be organic (amnesic disorder) or emotional (dissociative amnesia) in origin.

1-**Anterograde:** Amnesia for recent events. (Loss of memory for events subsequent to onset of amnesia).

2-**Retrogarde:** amnesia for remote events

3-**Confabulation:** unconscious filling of gaps in memory by imagined or untrue experiences that patient believes but that have no basis in fact; most often associated with organic pathology.

4-**Déjà vu:** illusion of visual recognition in which a new situation is incorrectly regarded as a repetition of a previous memory.

C- Hypermnesia: Exaggerated degree of retention & recall. Seen in mania & paranoid patients.

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D- **Paramnesia:** Falsification or distortion of recalled memories.

E- **Confabulation:** Filling of gaps in memory by imagined or untrue events. (Unintentional). Associated with organic pathology (e.g. dementia).

VIII. Disturbances of Insight:

Insight:

Conscious recognition of one's own condition. In psychiatric hospital, it refers to the conscious awareness and understanding of patient's own illness, causes, symptoms of maladaptive behavior, needing help and his/her plans, which is highly important in effecting changes in the personality and behavior of a person.

Insight has four types:

a- Complete denial of illness (the patient does not insighted).

b- Slight awareness of being sick and needing help but denying it at the same time.

c- Awareness of being sick, but blaming it on others, external factors, or medical or unknown organic factors (**partial insight**).

d- Intellectual insight: Understanding of the reality of the situation without the ability to use that knowledge successfully to effect an adaptive change in behavior or to master the situation.

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e- True emotional insight (complete insight): It is an understanding or awareness that one has emotional problem. It facilitates positive change in personality and behavior when present.

Test for insight by asking: "Do you think you have a problem?", "Do you need treatment?", "What are your plans for future?"

N.B., Insight is severely impaired in cognitive disorders, psychosis, and borderline personality disorder.

IX. Disturbances of Judgment:

Ability to assess a situation correctly and act appropriately within that situation.

a. Intact judgment:

Ability to assess, discerns, and chooses among various options in a situation.

c. Impaired judgment:

Inability to understand a situation correctly to act appropriately.

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